

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T.D.		7-27-00
O.I.P.E. CLASSIFIER	✓		8-1-00
FORMALITY REVIEW		16-15-00	
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	9/12/00	
2		9/12/00	
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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